DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814 (916) 445-6410



January 13, 1986

ALL-COUNTY LETTER NO. 86-08

TO: ALL COUNTY WELFARE DIRECTORS ALL COUNTY COUNSELS

SUBJECT: REVISED AGENCY-FOSTER PARENT AGREEMENT, FORM SOC 156 AND REVISED

AGENCY-GROUP HOME AGREEMENT, FORM SOC 154

This letter transmits the revised Agency-Foster Parent Agreement, Form SOC 156 (12/85) and the revised Agency-Group Home Agreement, Form SOC 154 (6/85). Minor changes have been made to the format and narrative of both of these mandated forms. The changes eliminate duplicate and non-essential information and provide space to add pertinent information. You may use your current supply of both of these forms until it is exhausted. The revised forms will be available from the DSS warehouse.

If you have any questions regarding these revised forms, please contact your Adult and Family Services Operations Consultant at (916) 445-0623.

LOPEN D. SUTER Deputy Director

Adult and Family Services Division

cc: CWDA

AGENCY — FOSTER PARENTS AGREEMENT Child Placed by Agency in Foster Home

Complete in Duplicate
One copy to: -Foster parents
-Child's Social
Service Record

The agreement will be initiated when the child is placed in the facility and whenever the rate changes. Parent's Name Name of Child Case Number Date Placed Birthdate of Child Foster Parent's Name Address Anticipated duration of placement is for room and board, clothing, personal needs, recreation, transportation, education, The agency will pay \$ incidentals and supervision. First payment to be within 45 days after placement with subsequent payments no later than the 15th of the month following provision of care. If additional amounts are to be paid, the reason, amount and conditions shall be set forth here: ☐ Yes If yes, explain. ___ Special problems/needs:

No Special permission for substitute supervision is subject to Community Care Licensing granting an exception Special Permissions: to the licensing regulation, which requires that substitute supervision in the foster home be limited to an adult Child 15 years or older has permission to remain without adult supervision during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period. Substitute supervision may be provided to the foster child by someone 16 years of age or older (not a foster child) during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period. Other (Explain) No special permissions granted. Foster Parents Agree To Agency Agrees To 1 Provide the foster parent with knowledge of the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, educational assessment, and identification of special needs when necessary. This shall be made available to foster parents within 14 days from date of placement. 1. Provide this child the nurture, care, clothing and training suited to his Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this child. Recognize the Agency's responsibility for planning for this child, as given 2. Develop a plan for the child and share pertinent aspects with the foster by the court or the parent(s). Recognize any limitations of consent imposed by the court or the parent. parents Inform foster parents they may give the same consents on behalf of the child as the parent, except for those prohibitions provided in Social Services Manual Regulations. Increase their knowledge and ability to care for this child.
Encourage the child's relationships with his parents and relatives. Cooperate in visiting arrangements between child and parents.

Not use corporal punishment, punishment in the presence of others, deprivation of meals, monetary allowances, usit from parent, home visits, threat of removal or any type of degrading or humiliating punishment, and to use constructive alternative methods of discipline. Not remove the child with less than 7 calendar days written notice unless: the child is physically or psychologically endangered; court orders removal; parents or guardians order removal (voluntary placement); signed waiver obtained from foster parents; removal is from an interim placement directly Respect and keep confidential information given about the child and his into an adoptive home. Involve foster parents in future planning for the child. The placement shall be reviewed within 6 months. Immediately notify agency of significant changes in this child's health, Assist the child in his use of foster care. behavior, or location.

Accept the child's special problems as given above in my provision of care. Assist in the maintenance of the child's constructive relationships with parents and other family members and to involve parents in future planning Help with termination of placement including return to his own parents, relatives home, or adoptive placement. Provide procedure for grievances of foster parents.

Contact the child and foster parents at least once a month. If case plan would indicate less frequent contacts, the foster parent will be informed. 13. Give the agency prior notice of at least 7 days if removal of child is requested unless it is agreed upon with the agency that less time is necessary Conform to the licensing/certification requirements. Provide state and federal agencies access to documentation when documentation is maintained on children in their care. Inform foster parents if child has any tendencies toward dangerous behavior. Provide Medi Cal card or other medical coverage at time of placement 16. Give advance written notice to the licensing agency and the person or agency responsible for the child of any (foster parent(s)) absence of 48 hours or longer. (Absence may be reported by telephone in case Arrange for medical examination within 30 days unless child has had such within past 6 months and information is available. Provide a clothing allowance as permitted to meet initial clothing needs. In cooperation with foster parents arrange for visiting by parents or of emergencies t of emergencies.]

17. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP).

18. Remit to Department of Public Social Services any income received on the program of the services and income received on the services. 14. Provide assistance with emergencies. Telephone number for after-hours behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child. or weekends is: 'See Reverse Side of Form for Optional Long-Term Placement Intent I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home. Signature of Foster Mother Signature of Child Placement Worker Title Signature of Foster Father Name of Agency Address Address Date Phone Number Phone Number Date

Long-Term Placement Inte	nt		
parties or when this child	and agree to meet these requirements. The is removed from home. In signing this ermanent member of this family	ie terms of this agreement shall remain in force until changed by mutual agreement of a section the agency, foster parents and foster care child signify their desire that this chil	
Signature of Child Placement Worker		Signature of Foster Mother	
Title	Name of Agency	Signature of Foster Father	
Address		Address	
Phone Number	Date	Phone Number	

Signature of Foster Care Child

AGENCY — GROUP HOME AGREEMENT Child Placed by Agency in Group Home

Name of Child		Parent's Name	
Birthdate of Child		Date Placed	
Case Number			
Anticipated duration of placement is			
The agency will pay \$incidentals, supervision and social ser	per for room a vices. First payment to be made with	nd board, clothing, personal needs, i in 45 days after placement with subse	recreation, transportation, education equent payments to be made monthly.
If additional amounts are to be paid,	the reason, amount and conditions	s shall be set forth here:	
Special problems: Yes N	o If yes, explain.		
Agency Ag	grees To	Group Hom	e Agrees To
 Provide the group home with knowledge of the background and needs of the child necessary for effective care. This shall include a social work assessment, medical reports, educational assessment, psychological/psychiatric evaluations, and identification of special needs when necessary. This shall be made available to group home within 14 days from date of placement. Work with the group home toward development of a treatment plan. Work toward termination of child's placement with group home staff. Continue paying for this child's care as long as eligible and the group home maintains child on an active status or until the agency requests that placement be terminated. Assist in the maintenance of this child's constructive relationships with parents and other family members, and to involve parents in future planning for this child. Contact this child in the group home at least once a month. If case plan would indicate less frequent contact, the group home will be informed. Inform group home if child has any tendencies toward dangerous behavior. Provide a Medi-Cal card or other medical coverage at the time of placement. Provide a clothing allowance as permitted to meet initial clothing needs. Provide a clothing allowance as permitted to meet initial clothing needs. Provide a ssistance with emergencies. Telephone number for after-hours or weekends is: 		 Provide this child with the nurture, care, clothing, treatment and training suited to his needs. Follow admission requirements related to medical screening, physical examination, medical testing and immunization. Develop an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child and work with the agency in planning for this child. Encourage the maintenance of the natural parent-child relationship and include the child's parents in the treatment plan when possible. Not use corporal punishment, punishment before the group, deprivation of meals, monetary allowances, visits from parents, home visits, threat of removal or any type of degrading or humilitating punishment and to use constructive alternative methods of discipline. Respect and keep confidential information given about the child and his family. Work toward termination of placement on a planned basis with maximum involvement of the child, parents and the agency. Conduct a staffing or review on this child at least quarterly. Submit an initial diagnostic summary to the agency within three(3) months from the date of placement. This summary shall include information listed on the reverse side of this agreement form. Submit ongoing written evaluations to the agency quarterly. These evaluations shall shall include information listed on the reverse side of this agreement form. Immediately notify agency of significant changes in this child's health, behavior or location. Submit copies of any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed. Give agency prior notice of at least 7 days of intent to discharge this child unless it is agreed upon with the agency that less notice is necessary. Conform to the licensing requirements. Provide state and feder	
agreement of both parties or this chi	ld is removed from the group hom	he terms of this agreement shall ren e. Signature of Authorized Group Hor	
Signature of Children Placement Wo		Title	Name of Group Home
Title	Name of Agency		rame of Group Home
Address		Address	Down
Phone Number	Date	Phone Number	Date

cc: To group home, child's(ren's) social service record.

SOC 154 (6/85) Required Form — No Substitute Permitted

Initial diagnostic summary shall include:

- A. Medical and dental needs
- B. Psychological/psychiatric evaluations obtained
- C. Staffing review summaries
- D. Educational assessment
- E. Peer adjustment
- F. Relationship to staff
- G. Involvement in recreation program
- H. Behavioral problems
- 1. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement
- K. Tasks planned to reach objectives and goals and staff who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of child and his parents in the treatment program

Quarterly evaluations shall include:

- A. Current status of child's physical and psychological health
- B. Reassessment of child's adjustment to the group home, program, peers, school and staff
- C. Progress toward short-term objectives and long-range goals including tasks which have been performed to reach these objectives and goals
- D. Reassessment of unmet needs and efforts made to meet these needs
- E. Modification of treatment plan, tasks to be performed and anticipated length of placement
- F. Involvement of child and his parents in treatment program